



## SISSINGHURST CRICKET CLUB SENIOR MEMBERSHIP APPLICATION FORM 2024

(for players over the age of 18)

This form is designed to be completed by a player over the age of 18.

We are very pleased to welcome you to Sissinghurst Cricket Club ("SCC"). The information which you provide us by completing this form will be used solely for dealing with you as a member of SCC. To ensure we have the correct personal contact details for you, please complete this application form and return it to [sissccplayercontact@gmail.com](mailto:sissccplayercontact@gmail.com)

Under the new rules imposed in May 2018 regarding data protection we need permission to store details about you. We will assume to you agreeing unless you specifically object by sending us an email to [sissccplayercontact@gmail.com](mailto:sissccplayercontact@gmail.com)

As the person completing or receiving this form, you must ensure each person whose information you include in this form knows what will happen to their information and to whom it may be disclosed. Details are set out included in the SCC Privacy Notice.

The Club uses the ECB's Play-Cricket system to store data. Player Data from this form may, therefore, be entered onto that system.

SECTION 1: PERSONAL DETAILS OF PLAYER	
Name	
Home address	
Post code	
Date of birth	(Day) (Month) (Year)
Email address:	
Mobile telephone number	
Please add contact details to be included for Non-Player 'Social Membership' this is for direct family members only i.e. spouse or partner.	Name Email address Relationship to Player
Are you interested in playing League Cricket?	<input type="checkbox"/> Yes <input type="checkbox"/> No  If you answer 'yes', should you be selected by the Club to play us in a League requiring player registration, relevant information from this Section 1 (including month and year of birth) will be provided to that League to enable them to check your eligibility to play in that League.

**SECTION 2: EMERGENCY CONTACT DETAILS**

Name	Phone number	Relationship
------	--------------	--------------

**SECTION 3: SPORTING EXPERIENCE INFORMATION**

Have you played cricket before?    Yes     No

If yes, where has this been played?

**SECTION 4: DISABILITY**

**By providing the information in this Section 4, you are giving your explicit consent to the Club using this information (and any additional disability information provided by or for you) for statistical purposes as well as to establish if there are any additional needs / support / adjustments that you may require.**

The Equality Act 2010 defines a disabled person as anyone with ‘a physical or mental impairment, which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities’.

Do you have any physical or mental health conditions or illnesses that have lasted or are expected to last 12 months or more?    Yes     No

Does this disability or illness affect you in any of the following areas?

- Vision impairment
- Hearing impairment
- Mobility impairment
- Dexterity impairment
- Learning impairment
- Memory impairment
- Mental health impairment
- Stamina, breathing or fatigue impairment
- Developmental impairment
- Has other type of impairment, please provide more details:

**SECTION 5: MEDICAL INFORMATION**

**By providing the information in this Section 5, you are giving your explicit consent to the Club using this information (and any additional medical information provided by or for you) to help you when you participate in cricket activities.**

Please detail below any important medical information that our club captains need to know and which would be affected by your participation in cricket activities. Such as: allergies; medical conditions (for example- epilepsy, asthma, and so on); current medication; special dietary requirements, any additional needs, and/or any injuries.

**Name of GP and Surgery name**

**GP telephone number**

**Medical consent:**

In the event of requiring first aid or emergency treatment I consent to my medical details to be shared with and all decisions to be taken by first aiders and or any attending medical authorities.

#### SECTION 6: PLAYER PARTICIPATION AGREEMENT:

I agree to taking part in the activities of the Club.

I confirm I have read, or have been made aware of SCC and or ECB Guidelines (which can be found on the SCC website the ECB Website and or the notice board in the pavilion) concerning:

Code of Conduct

Privacy Notice

Safeguarding Policy Statement

Anti-Bullying Policy Statement

Photography, Filming & Social media broadcast guidelines

I understand and agree to the responsibilities which I have regarding these policies and guidelines.

I consent to the club photographing or videoing in line with SCC & or ECB guidelines. If you do not wish to give Consent for this please contact us to discuss how we can manage any potential photography.

#### PLAYER DECLARATION

By signing and returning this completed form, I hereby explicitly consent to the following:

1) To abide by SCC's codes of conduct

2) For SCC to collect, control, where necessary process and transmit my personal data;

3) from time to time for SCC to communicate with me to pass information on club activities which may be of interest to me. This will include club social events.

4) In the event I no longer wish SCC to retain my personal data, I am obliged to inform SCC's in writing (including via e-mail)

5) In the event I inform SCC according to 4) above, I understand that as a consequence, SCC may no longer be able to communicate with me to inform me of any cricketing or social activities of the club.

Date:

Signature:

#### MEMBERSHIP FEE'S

**Membership Fee:** £40 per season

**Saturday Match Fee:** £10 per match

**Sunday Match Fee:** £5 per match

BACs Transfer (Preferred)

Account Number: 00286889

Sort Code: 30-92-36

Reference: (Surname and Initial) Membership Fee / Match Fee